

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 552153

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		I				
4		I				
5	X	X				
6	X	X				
7		I				
8	C	C				
9	I					
10		I				
11		I				
12		I				
13	I					
14		I				
15		I				
16		I				
17	X	X				
18	X	X				
19		I				
20	C	C				
21		I				
22		I				
23		I				
24		I				
25		I				
26		I				
27		I				
28		I				
29		I				
30		I				
31		I				
32	X	X				
33	X	X				
34	X	X				
35	X	X				
36	X	X				
37	X	X				
38	X	X				
39	X	X				
40	X	X				
41	X	X				
42	X	X				
43	X	X				
44	X	X				
45	X	X				
46	X	X				
47	X	X				
48	X	X				
49		I				
50	C	C				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	X	X				
52	X	X				
53	X	X				
54	X	X				
55	X	X				
56	X	X				
57	X	X				
58	X	X				
59		I				
60	X	X				
61	X	X				
62	X	X				
63		I				
64		I				
65		I				
66		I				
67		I				
68	X	X				
69	X	X				
70	X	X				
71		I				
72	X	X				
73	X	X				
74	X	X				
75	I					
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	34					